EXHIBIT 6
DATE 1/15/15
HB N/A

Testimony - Patti Jacques - Citizen

Subcommittee Appropriations - Health and Human Services

Dear Chairman and Committee members,

Thank you for this opportunity in giving my public comment. I've listened to the last few days presentations, and I will say I'm not as knowledgeable as Lois Steinbeck, but I do have a general understanding of the budget and a general overall understanding of Mental Health programs in our State - (my previous life I once worked for the Legislative Auditor's Office as an Auditor). If I wasn't sure about a request regarding a program I did ask questions from the agency staff.

I will be making some very frank statements which might displease you as our Legislators, State agencies and Community providers, but this needs to be said.

1. Until the Federal Government recognizes any State Psychiatric Hospital as a true treating medical facility, and pays for the inpatient mental health services, as insurance companies are required to pay, people with mental illnesses will never have parity - or be treated with equality like any other disease/illness being treated in local community hospitals and paid for with federal dollars. Hopefully this will compel our State Legislators need to influence the Federal level to pay for this service, regardless of what facility the person is being treated in - including our veterans.

2. The increase of people being sent to the State Hospital can mean a few things - (a) if the increase are civil commits then the communities are doing their job in identifying the need of acute care, (b) there is **no room** in community hospitals that have a psychiatric unit as the community hospitals psych. units are full, (c) communities chose not to treat someone with that acuity level and send them to the State Hospital because the State Hospital can't refuse them, (d) and if they are forensic commits - that too could be multiple reasons such as - first time psychosis commits crime, or been there before paroled out became unstable and violated terms of parole returned back to hospital, or known history of mental illness but never had committed crime until meds quit working or went off meds became unstable now has 15 to 30 years to DPHHS.

3. Community mental health centers **do need a rate increase** they too have cost for inflation and staff to pay. People can't be treated in communities if we don't have staff and facilities to treat them in. Everyone would be taking a ride to the State Hospital.

4. During the interim committee study, parents of forensic patients testified how the State Hospital needed more on campus group homes to transition into from the forensic unit, but still need staff oversight, and to help reduce the long stays on the forensic unit. The hospital took notice and listened, has tried to accommodate for some of those forensic patients. Give the hospital the funds for the group home, in fact build them two more for the forensic population as it is not going down, plus we have severe disabled mentally ill inmates at the prison that it would like to send them to the hospital. Give

generously to treat our forensic population. Most of them wouldn't be there if they had got treatment before the crime.

5. Until a rate differential is given to community mental health centers for forensic group homes in accepting our forensic patients we will continue to have a backlog of forensic patients at the hospital. Note sending them to a prerelease is not going to save money in the long run. Correctional facilities are not therapeutic treatment and are not there for treatment needs for our severe disabled mentally ill forensic people.

6. I'm attaching with my testimony **an example** of a current Montana correctional prerelease contract which the State is agreeing to guaranteed compensation, plus payment on beds vacant if an offender is placed in a jail facility for a sanction (not revocation) and administratively transferred for medical or mental health stabilization up to 30 days, longer stays do require DOC approval, Plus a special funds distribution (kind of like a bonus), plus compensation for minimum part-time nurse, and plus mental health services etc, etc. I'm sure if the State is forced to go this way, there will be significant guarantees and per diems and/or daily rates and other compensation to prereleases, plus bonding to build new facilities etc. As a citizen it tells me the State really isn't considering the medical mental health needs of these patients and most likely these patients will return back to the forensic unit or worse in an isolation cell at the prison.

Ask the Dept. what activities this $ is providing as peer support

7. The $700,000/year for peer support program I would question how many people with serious disabled mental illness this peer support program really is going to employ in the next couple of years. I as a citizen think this money would be better spent in employment opportunities for people with mental illnesses at drop-in-centers, and better utilized to pay for housing for forensic community group homes differential rates, plus using for transitioning from forensic group homes to individual living.

I could go on, but I will stop and let someone else have a turn. Thank you for your consideration in these matters and for our citizens with severe disabling mental illnesses.

Emerging "Best Practices" in Mental Health — these are evidence based through studies

1. Clinical Care
2. Family Support
3. Peer Support & Relationship
4. Work/Meaningful Activity
5. Power & Control in Care & personal decisions
6. Community Involvement
7. Access to Resources
8. Education - informal & formal that results in behavioral changes